## **CERTIFICATION APPLICATION** For Fire Fighter I & II Office of the Arizona State Fire Marshal

EXAM TYPE	TESTING ATTEMPT		WRITTEN TEST SCORE	
☐ Fire Fighter I ☐ Fire Fighter II ☐ Fire Fighter I & II	☐ First testing attempt ☐ Second testing attempt ☐ Third testing attempt		(OSFM will complete)	
ast name First name		irst name	M.I.	
Mailing address		City	State	Zip
EIN#		Phone		
Department			Phone	
Department mailing address Ci		City	State	Zip
Program sponsor (The department or college that conducted the certification program)			Phone	
Program mailing address (		City	State	Zip
OSFM Program Number	Instructor/Evaluator			
EVALUATORS DI FASE CUESVALL THAT ARRIVAS ATTACH CORRES OF REQUIRED CERTIFICATIONS				
EVALUATORS—PLEASE CHECK ALL THAT APPLY & ATTACH COPIES OF REQUIRED CERTIFICATIONS  EMERGENCY MEDICAL CARE REQUIRMENT				
☐ Blood borne pathogen training ☐ Hazardous Materials Awareness Level (required for FFI) ☐ I-E			First responder	
THIS SECTION TO BE SIGNED BY THE PROGRAM INSTRUCTOR/EVALUATOR				
I verify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies of NFPA 1001, Standard for Fire Fighter Professional Qualifications, 2002 Edition. I understand that the applicant's skill evaluation sheets are subject to verification before certification is issued, and that this application will not be processed without the required attachments. My signature below attests that the foregoing application is accurate and that the candidate has completed the prerequisite requirements for certification testing.				
Instructor/Evaluator Signature		Print Na	me	Date